

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Kathy Miller for Assembly 2020			Date of This Filing <u>09/29/2020</u>	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only	
AREA CODE/PHONE NUMBER (916)254-5180	I.D. NUMBER (if applicable) 1417108	Report No. <u>LATE-20200928</u>		Page 1 of 2		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Sacramento	STATE CA	ZIP CODE 94205	No. of Pages <u>2</u>			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/28/2020	California Nurses Association Political Action Committee Sacramento, CA 95814 ID# 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$9,300.00
09/28/2020	National Union of Healthcare Workers Candidate Committee for Quality Patient Care and Union Democracy Sacramento, CA 95815 ID# 1318200	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00
09/28/2020	Patricia A. Quinn Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	\$1,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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AREA CODE/PHONE NUMBER (916)254-5180	I.D. NUMBER (if applicable) 1417108				
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 94205			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: